

HOW TO APPLY for Temporary Disability ID Card

1. Read the Eligibility Section and complete the Applicant Section if you qualify.
2. Have your health care specialist complete the Eligibility Section.
3. Check number of cards requested: limit **2**.
4. Make check or money order payable to: Registration Fee Trust.
5. Mail application to:

Wisconsin Department of Transportation

Special Plates Unit - ID

P O Box 7306

Madison, WI 53707-7306

This Area for Office Use

APPLICANT SECTION - Check appropriate boxes.

- ☐ Original
- ☐ Replacement of card number(s): _____
- ☐ Lost/Destroyed ☐ Stolen ☐ Mutilated/Illegible

Number of Cards Needed: ☐ 1 - \$6.00 ☐ 2 - \$12.00

Note: Applications made at a local DMV Service Center which provides ID card service are subject to an additional \$3.00 counter service fee.

Please print clearly.

Legal Name of Person with Disability - First, Middle Initial, Last	
Address	
City, State, ZIP Code	
Social Security Number (For Identification Purposes)	Month, Day, Year You Were Born <input type="checkbox"/> Female <input type="checkbox"/> Male
Driver License/Nondriver ID Number - If none, write NONE	Telephone Number Where You May be Reached 7 a.m.-4 p.m.

I have read the information on this form and understand the qualifications under which my Disabled Parking ID Card may be issued.

(Signature of Disabled Person) or
(Person Signing on Behalf of Disabled Person)

(Date)

If signing on behalf of the person with a disability, give the following:

(Name of Person Signing for Applicant - Please Print)

(Relationship to Applicant)

ELIGIBILITY SECTION

This must be completed and signed by any of the following health care specialists licensed to practice in any state: a physician, an advanced practice nurse, a chiropractor, a physician assistant who is licensed or certified; or a Christian Science Practitioner residing in Wisconsin; or by an authorized VA representative. This statement is for issuance of a disabled parking ID card and is not to be considered as a claim for VA benefits.

Name of Person Certifying Eligibility	Medical License Number
Address	Area Code - Office Telephone Number
City, State, ZIP Code	

Temporary ID cards are issued for a **MAXIMUM** period of **6 MONTHS**. Give specific date.

(ID Card Expiration Date)

Eligibility Certification Statement

I certify that the applicant identified above has a **temporary** physical disability that impairs their ability to walk based on one or more conditions specified on this form.

(Authorized Signature of Health Care Specialist)

(Date)

Parking Identification Card Application for Individuals with a TEMPORARY DISABILITY

Wisconsin Department of Transportation
MV2933

Are you eligible?

- Any person certified by an authorized health care specialist as having a TEMPORARY
- disability is eligible for the Disabled Parking Identification Card. By legal definition, this includes any person who:
- Cannot walk 200 feet or more without stopping to rest;
- Cannot walk without the use of, or assistance from, another person or brace, cane, crutch, prosthetic device, wheelchair or other assistance device;
- Is restricted by lung disease to the extent that forced expiratory volume for 1 second when measured by spirometry is less than one liter or the arterial oxygen tension is less than 60 mm/hg on room air at rest;
- Uses portable oxygen;
- Has a cardiac condition to the extent that functional limitations are classified in severity as class III or IV, according to standards accepted by the American Heart Association;
- Is severely limited in the ability to walk due to an arthritic, neurological or orthopedic condition;
- Has an equal degree of disability to those described above.

ID CARD USE

A motor vehicle (except motorcycles and mopeds) displaying the Disabled Parking Identification (ID) Card issued by Wisconsin or any other state, is subject to all Wisconsin motor vehicle laws and is granted the following privileges when the person with the disability is entering/exiting the vehicle:

- Parking in places reserved for people with a disability;
- Exemption from time limitations in parking places with a half hour or more limit;
- Exemption from payment in metered parking places with half hour or more limit. This does not include payment collected by parking attendants.
- Upon request, a driver who is disabled may obtain fuel from a full-service pump at the same price as fuel from a self-service pump. This applies at locations where fuel is sold at retail from both full and self-service pumps. The retailer is not required to provide any other service that is not provided to customers who use a self-service pump.

SIGNATURES NECESSARY

The health care specialist MUST complete and sign the "Eligibility Statement" on the other side for a first-time applicant OR to extend the expiration date of a temporary card (a new card will be issued).

GENERAL INFORMATION

Persons with a permanent disability should complete form MV2548, Parking Identification Card Application for Individuals with a PERMANENT Disability

Disabled parking ID cards are valid in all 50 states and Puerto Rico.

WIDOT may cancel a disabled parking ID card which was issued as a result of fraud or error.

UNAUTHORIZED ID CARD USE

Any person who lends the Disabled Parking ID Card to someone who is not authorized by law to use it, may be fined up to \$200.00. In addition, the Department may cancel the Disabled Parking ID Card of any person who improperly uses it.

RELEASE OF NONEXEMPT INFORMATION

The Wisconsin Department of Transportation uses the information on this form to issue disabled parking identification cards. Under open records laws, the Department must make nonexempt information available upon request. Do you want your name withheld from mailing lists of 10 or more individuals?

☐ Yes This will remove your name from marketing lists.

☐ No

AMERICANS WITH DISABILITIES ACT

The Wisconsin Department of Transportation complies with the Americans with Disabilities Act.

QUESTIONS

For questions about disabled parking ID cards:

Call: 608-266-3041

TTY: 608-264-8703

E-mail: special-plates.dmv@dot.state.wi.us

Write to the address given on other side of this form.